

Capsules of the NEWS...

Medical Officers: Applications from any eligible MD for appointment in the Regular Air Force now will be given full consideration. This is of interest to Reserve Medical Officers who graduated from medical school in 1955 or 1956 and whose previous applications were not favorably considered because of limited vacancies. Air Force Regulation 36-21, dated April 29, 1959, sets forth criteria for the appointment.

Strontium-90: Atomic Energy Commission says scientists now can remove up to 94% of radioactive Strontium-90 from skimmed milk without altering milk's calcium content. Method used is similar to that used to treat water with softeners to eliminate certain minerals. Overdoses of Strontium-90 have produced leukemia and bone cancer in experimental animals.

Preparedness: An American Hospital Assn. survey shows that nearly 70% of America's hospitals are ready with some sort of auxiliary power in the event of a major power failure similar to that experienced recently in New York City. Of the 12 hospitals affected in New York, six resorted to auxiliary power to insure continued operation for nearly 12 hours.

Medical Education: Costs of training an MD continue to rise along with increased costs for a college education. It now costs about \$47,000 to train a GP, approximately \$67,000 for a specialist. Costs include tuition, books, internship, residency, and loss of potential earnings, but not living expenses.

Polio Diagnosis: Laboratories soon will be able to diagnose polio in two or three hours instead of a week to 10 days by using a technique developed by Albert H. Coons of Harvard Medical School in 1941. Technique permits a pathologist to identify infections by lighting them with fluorescence. Recent development of a commercially available fluorescent dye will put the method within reach of hospitals.

Health Plan: The British Labor Party, in a 6,000-word policy statement proposing a broad shakeup in Britain's National Health Service, said it found 500,000 people waiting for hospital beds, doctors underpaid, with more money being spent on the drugs they prescribe than on the MDs themselves, and "millions of hours" being wasted by people in waiting rooms.



Wide World Photo
AMONG FRAUDULENT PRODUCTS foisted upon Americans as weight reducers are the electric vibrating devices being examined by Arthur S. Flemming (left), Secretary of Health, Education, and Welfare, and George Larrick, commissioner of the Food and Drug Administration. Flemming said there is no device which will be effective for "spot reducing or for breaking up fatty deposits."

HEW Backs Fight Weight Reducers Hit

Arthur S. Flemming, secretary of Health, Education and Welfare, pledged an all-out effort to back up the Food and Drug Administration's campaign to protect consumers from "the fraudulent products and schemes being foisted upon the public as weight reducers."

"There is no such article," he told a news conference, "as a simple, safe and sane food, drug or device which will bring about loss of body weight without exercise of the will to cut down the food intake."

Public Awareness: It is important to help the public understand the facts about obesity so that it will not be victimized by false claims and theories, he said. "And here again I wish to commend the American Medical Association and the National Better Business Bureau for what they have done to bring the facts to public attention and to the attention of the advertising media."

Flemming pointed out that the AMA has estimated that "Americans are being fleeced of \$100 million a year in their purchase of spurious diet and useless mechanical devices."

"Medical guidance can be important to almost everyone who needs to lose weight," Flemming said. "This may be true even for persons wishing to lose only a few pounds. The possibility of undetected chronic disease, or the continuing need for health and guidance, indicate the wisdom of consulting a doctor. The individual who wishes to lose a large amount of weight has a serious medical problem, and without exception needs expert guidance."

Infinite Variety: "Riding the crest of the popularity wave at the moment are the electric vibrator devices, running the gamut of hand units, pillows, chairs, tables, and mattresses. . . .

The infinite variety of products which have been sold for reducing is a tribute to the imagination, if not the scruples, of the promoters," he said.

The HEW secretary declared he was "delighted to join hands" with the AMA and the Better Business Bureau in their campaign to guard the public in this field.

Our Anniversary

The AMA News observes its first year of publication with this issue. See editorial on page 4.

American Method

Japan's Health Improves

A Japanese medical educator said that as a direct result of World War II, Japan abandoned European methods of medical education and embraced the American system.

Dr. Yoshio Kusama, dean, School of Medicine, Keio University, Tokyo, added that the new emphasis on practical experience for Japanese medical students, plus the introduction of progressive public health measures during the occupation, had resulted in these unexpected health benefits:

- Pre-war death rate of 22 per 1,000 persons per year has been reduced to 9 per 1,000.

- Infant mortality declined from 80 per 1,000 in 1940 to 35 per 1,000.

Interviewed at the Second World Congress on Medical Education in Chicago, Dr. Kusama recalled that he was the physician chosen by the American occupation forces to reorganize medicine in Japan. He said:

How Health Bills Fared

The Democratic controlled Congress, rebuffed in many tangles with the Republican Administration, went home leaving a legislative record of considerable accomplishments, but far short of what Democrats had first set their sights on.

Congress adjourned shortly before 6:30 a.m. (EDT) Sept. 15.

As far as medicine was concerned, it was not a landmark session, though there were some significant developments. The second and final session of the 86th Congress next year may be the crucial one.

The disputed bill to widen the social security system to finance health care for the aged through higher taxes did not come up for a vote in the House Ways and Means Committee. But hearings were held on the measure and proponents talked of a strong drive next session. The American Medical Association and allied organizations urged the lawmakers to shelve the legislation, contending it would be the first step toward complete government control of medical care.

A growing list of senators endorsed the House-passed legislation to provide incentives for the self-employed—such as farmers, lawyers, physicians, and small businessmen—to set aside funds for their retirement, but the Senate Finance Committee did not act on the measure. However, an early vote is expected next year on either the House bill or an amended version. The bill, sponsored by Reps. Eugene J. Keogh (D., N.Y.) and Richard M. Simpson (R., Pa.) and by Sens. Thruston B. Morton (R., Ky.) and George Smathers (D., Fla.) would provide tax deferrals on money placed in qualified retirement plans. It would give the self employed much the same tax treatment that salaried persons receive on pension savings.

(See Congress, Page 2)

PR Tip Given Drug Companies

The pharmaceutical industry should present itself to the public as one that is in business to make a profit, said a speaker at the American Pharmaceutical Assn.'s 109th meeting.

By not frankly offering to sell the means for a longer and better life the industry gives "a helping hand to those who want to create the impression that our ambitions must be only unselfish, altruistic, and charitable," explained Eugene B. Gorigin, Ardsley, N.Y. He is assistant to the president, Geigy Pharmaceuticals, a division of Geigy Chemical Corp.

Selling Job: "We are pictured in the position of a friend offering unselfish help to the needy and ending up by making a profit in the course of such transaction," Gorigin said.

The pharmaceutical industry's selling job is to convince the consumer that new medications are worth a reasonable premium, Gorigin said.

The humanitarian approach is in order, Gorigin noted, and is used in the case of life-saving drugs for people afflicted with rare diseases. Many pharmaceutical manufacturers carry such products on which they make no profit or incur losses, he added.

Program, Officers: At its meeting, APA approved participation in the National Science Fair; ordered a "crash program" study of all prepaid prescription plans; requested uniformity in featuring the brand and generic names of products; asked that "sample" be stamped on products that manufacturers give to physicians and dentists; and endorsed the Keogh-Simpson bill.

Dean Howard C. Newton, Massachusetts College of Pharmacy, Boston, was installed as president, succeeding Louis J. Fischl, an Oakland, Calif., retail pharmacist. The "honorary presidency," signifying "outstanding contribution to pharmacy," went to Harry J. Loynd, president of Parke, Davis & Co.

William S. Apple, PhD, was named executive director. He succeeds Robert P. Fischelis, PhD, who retired.

Federal Care Danger Cited

Members of the American Pharmaceutical Assn. were warned to be alert to the possibility of the government taking over medical care by APA's president-elect Dean Howard C. Newton of Massachusetts College of Pharmacy in his inaugural address at the association's convention in Cincinnati.

"I believe that even the mere possibility that the government might take over health care in the United States . . . should make us keenly aware of our responsibilities as members of the health team," Dean Newton said.

Noting that the American Medical Association and the American Dental Assn. are opposed to compulsory health insurance, the Massachusetts educator said, "We, however, should not rely wholly on these other representatives of the health team to express our views and protect our interests in connection with any measure that may lead to the government taking over health care."



OUTSTANDING CONTRIBUTIONS to people of the free world through his work in the Medical International Cooperation Organization won Dr. Thomas A. Dooley (right) the Mutual of Omaha Crisis Award. The award, consisting \$10,000 and a gold medal, will be presented the American jungle doctor in Omaha Nov. 10. It is given for outstanding work in the fields of health and safety. With Dr. Dooley is Dr. Peter Commanduras, a MEDICO associate.

Union Asked To Aid On Fee Complaints

Officials of the Los Angeles County Medical Assn., have asked members of an aircraft workers union to help the medical profession combat overcharging by some physicians.

Dr. William F. Quinn, association president, told representatives of International Association of Machinists District 1578 that the medical society would "tell the patient not to pay" in cases of overcharge.

Dr. G. W. Shaw, the medical group's secretary-treasurer, urged aircraft workers to discuss fees with their doctors before services are rendered.

"In instances where no prior agreement for services exists and you feel that the charges are too high," he said, "submit your complaints to (our) headquarters."

Physician Elected On Vote Recount

A St. Louis Circuit Court declared Dr. Robert Rainey the winner in a board of education election, but failed to rule on whether a chiropractor can legally certify that a citizen is physically disabled and qualified to cast an absentee ballot.

Recount showed Dr. Rainey winning by 139 votes. Original count had the MD losing by 28. Dr. Rainey had asked court to rule out all absentee ballots cast by persons certified by chiropractors as too ill or disabled to go to the polls.

List Growing

Three U.S. presidents have addressed Annual Meetings of the American Medical Association.

Following President Eisenhower's speech at Atlantic City this year, *The AMA News* said he was the first chief executive to address an AMA Annual Meeting. Letters from readers soon established the fact that Calvin Coolidge spoke at the 1927 meeting.

Comes now another letter with the information that William McKinley spoke briefly at the 1897 Annual Meeting. President McKinley extended his "heartly congratulations upon this, your 50th anniversary."

NMA's President-Elect Supports Compulsory National Health Plan

Support of a compulsory national health insurance program was voiced by Dr. Edward C. Mazique, president-elect of the National Medical Association, at the organization's convention in Detroit, the *Michigan AFL-CIO News* reported. NMA is an organization of the nation's 5,000 Negro doctors, dentists, and pharmacists.

In backing a federal health insurance program long urged by the AFL-CIO, Dr. Mazique said the voluntary health insurance proposals of the

Eisenhower administration would fail to meet "the medical and health problems of our nation's 17 million Negroes, nor is it an answer for our other underprivileged groups."

The Michigan labor newspaper also reported that Thurgood Marshall, chief legal counsel for the National Association for the Advancement of Colored People, told the NMA convention that the NAACP would soon launch a campaign to permit Negro doctors to practice in all hospitals.

Congress . . .

(Continued from Page 1)

The House passed it overwhelmingly early this year.

Passed in the last hectic days were two major measures of interest to physicians. These were the health insurance program for civilian federal workers and the catch-all housing bill that contained a provision to encourage construction of proprietary nursing homes. The voluntary, contributory health insurance plan would give federal employees for the first time coverage similar to that in many private industries where the employee pays part of the cost. As finally approved, the bill was acceptable to all parties involved and was endorsed in principal by the AMA. It would cost the government about \$107 million annually.

The nursing home provision of the housing bill, also supported by the AMA, was not controversial and was part of the two vetoed measures and the final, third-try bill that finally was adopted. Under it, the Federal Housing Administration could guarantee up to 75% of private loans for construction of proprietary nursing homes.

Other congressional developments—

International: The Senate passed a \$50 million annual program for international medical research, but the House Commerce Committee held off action until next year due to the press of business and lateness of the session.

Medicare: Congress approved the full \$88.8 million sought to run the Defense Department's program of treating qualified dependents of military personnel in civilian hospitals.

Research: The National Institutes of Health was voted \$400 million for the current fiscal year, \$106 million more than the Administration requested.

Hospitals: The Hill-Burton program of federal aid for hospital construction received a \$186.2 million appropriation, \$85 million more than sought by the Administration.

Medical Schools: There was no action on proposals for a "one-shot" federal aid program for construction of medical schools. A special federal report on the plan was delayed.

Draft: One of the first bills approved this year was extension of the military draft, including the draft of physicians and dentists.

Dr. Gundersen Named

Dr. Gunnar Gundersen, La Crosse, Wis., AMA's immediate past president, is a new member of the medical advisory committee of the National Disease and Therapeutic Index. The NDTI maintains up-to-date files on illnesses, injuries, and treatments for use in research and education.

MDs Protest Fee For Special Tag

New Jersey physicians, who have been receiving special "MD" auto license plates on payment of the normal license fee, have been informed by the State Division of Motor Vehicles that the plates now will require an extra \$10 fee.

Dr. Luke A. Mulligan, chairman of the board of trustees of the Medical Society of New Jersey, advised MDs against paying the extra fee. The plates originally were issued as a part of the civil defense-disaster control program. MDs agreed to display them so as to be of further service to the public.

Delegate Dies

Dr. Grover C. Penberthy, 73, Detroit, Mich., a member of the AMA House of Delegates, died September 2. Dr. Penberthy had been a member of the House's General and Abdominal Surgery Section since 1942.



St. Basil's Cathedral in Moscow.

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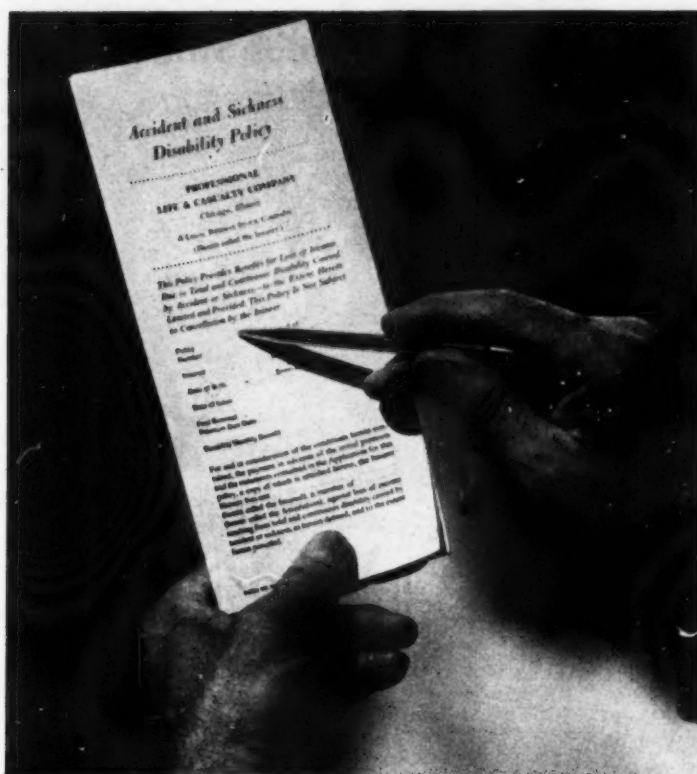
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Editorial Viewpoint

We Blush With Pride

With this issue *The AMA News* starts its second year of service to the medical profession. Volume 1, Number 1 rolled off the presses September 22, 1958, and this edition marks the 27th regular issue of the American Medical Association's fortnightly newspaper.

We hope you'll forgive us if we seem to get carried away in this first anniversary editorial, but the growth and acceptance of *The News* during this brief period of publication already has exceeded all expectations. And this acceptance and growth coupled with an extremely high and loyal readership have been achieved despite the fact there are literally hundreds of publications vying for the physician's reading time.

This is strong verification of AMA's Board of Trustees' belief more than a year ago of the need for such a publication. *The News* was authorized by and is published under auspices of the Board.

That America's physicians have generously accepted *The News* as a silent partner in their practice of medicine is attested by the editorial praise in thousands of letters received during the year. There also has been a spontaneous acceptance from individuals and groups outside medicine who report they look forward to each issue "to keep up" with what is going on in medicine.

During the year *The News* has been widely quoted and reprinted both here and abroad in newspapers, magazines, state and county medical society journals, trade papers, hospital and health publications, chamber of commerce bulletins, pharmaceutical periodicals, college and university publications, farm journals, insurance bulletins and magazines, science and military publications, and in reports of U.S. Congressional committees. One recent article from *The News* was published in 247 daily newspapers, and 14 others commented on it editorially.

Articles from the publication also have served as the basis for editorials and network radio and television commentary, further acquainting the public with the role of medicine in our society.

Through the year *The News* has served as a mechanism for pointing out to the profession the many services and activities of the AMA, has served as a means of exchange of useful facts and ideas, and has helped to publicize the work of numerous organizations and groups.

The response to articles appearing in the publication has been phenomenal.

One short story brought requests for 204,776 pieces of literature.

A director of a medical institute wrote: "The last time *The AMA News* used one of our course announcements, the response from interested physicians was overwhelming. Not only did we fill up the course we had scheduled, but we now have a waiting list that will influence our 1960 training program. Whatever else doctors read, they all seem to read your publication."

Of course the main purpose of *The News* is to keep physicians in touch with the pulse of the medical world and to report on legislation, business trends, legal decisions, tax rulings and other forces that affect the practice of medicine. And in carrying out this function it reports to more physicians than any other medical publication. Doctors tell us the publication has been extremely useful in their practice, and several MDs have been kind enough to say, "I don't know how we got along without it."

For all this we are very grateful.

We also are proud of the fact that several organizations now are completing plans to pattern new publications after the style and format of *The News*.

Because of the publication's readership response from physicians, *The News* has helped to decrease the amount of mail being sent to doctors. Two AMA publications have been incorporated into *The News*, and instead of sending direct mail many departments are using *The News* to report to the profession or to gather needed information.

The staff wishes to thank the physicians, state and

With a Vigorous Stride



county medical society staffs, the pharmaceutical and allied industries, various departments of government, and hundreds of others who have cooperated so willingly in providing information for news articles.

We also are grateful to the many leading business firms of America whose advertising support has contributed to the success of *The News*. And thanks, too, to the doctors and others who have supported the advertisers. One manufacturer wrote, "Never did I anticipate such a deluge of mail, telegrams and phone calls from all over the United States."

A year ago we pledged to make *The AMA News* medicine's greatest conduit of communication. And through our editorials, we said, we hoped to help stimulate, challenge and strengthen the moral and intellectual foundations of the democratic way of American medicine.

On this first anniversary we renew that pledge and promise that we shall be unrelenting in our efforts to make *The News* even more helpful and useful and to keep it unfailingly interesting. It is our hope it will always merit your commendation.

Please Take It Home

At a recent medical meeting a couple of doctor's wives cornered the editor of *The News*, and, pointing index fingers directly at his nose said, "We've just discovered we're losing out on something. Our husbands don't bring *The AMA News* home for us to read. The only time we see it is at medical meetings. We like it because we can understand it. Other doctors' wives tell us their husbands bring it home from the office. Can't you do something about this?"

We promised to do something about it. So, if you're one of the two physicians who is not taking *The News* home for your wife to read, please do so with this issue and get us off the hook. We want to attend another medical meeting and those same two wives may be there.

The \$200 Question

Bennett Cerf in *This Week* magazine tells the story of the Dayton, Ohio, obstetrician who has two fixed charges. He sends a patient a bill for either \$100 or \$200. "Do you look up your patients' financial rating before you decide on your charge?" he was asked.

"Not at all," answered the doctor. "I base my fee on the first question the father asks when I come out of the delivery room. If he asks, 'Is it a boy or a girl?' he gets a bill for \$200. But if he asks, 'Is my wife all right?' I only bill him for \$100."

Nothing Serious

Someone has defined middle age as the time when you are impressed not with the fact the grass is greener on the other side of the fence, but rather with how difficult it is to get over the fence.

As Others See It

British Beat Dope Traffic

The Houston, Texas Chronicle

Federal Bureau of Narcotics statistics show there are 44,146 "known" dope addicts in the United States. In all likelihood, this is a minimum figure and there may be thousands more. The majority are under 30 and 10% are under 21. These are the unfortunates who, it is estimated, are paying \$300 million a year into the infamous Mafia to supply them with heroin alone. Transformed into criminals to obtain the wherewithal to pay this huge sum, they account for approximately 30% of crime in the United States each year.

Our penalties under the Narcotics Control Act of 1956 have been drastically stiffened, yet the years show no appreciable decline either in addiction or in traffic in illegal drugs.

By comparison with the United States, the United Kingdom reported to the United Nations Commission on Narcotic Drugs at Geneva recently it has 359 known addicts and this figure may be nearer accurate than the United States number.

Some time ago Britain decided that since profits in dope smuggling were so huge, the attack against addiction must be aimed against erasing these profits. To do this they simply made narcotics available to their addicts under a control program. This immediately knocked the bottom out of the smugglers' business. It also put an end to "hooking" or inducing the youth into addiction so that he might become enslaved to the peddler. Smuggling, lacking the profit incentive, disappeared, new addicts failed to appear and the old addicts either took the cure or died off. It took courage for the English to approach this attack but it worked.

"Quotes"

George B. Stone, general manager of J. B. Roerig and Co.: "This year it is estimated that the pharmaceutical industry will spend \$190 million on research—more than 7% of every sales dollar. You can contrast this percentage to the one or two per cent expenditure for the average of all industry. No industry in the country or indeed in the world spends a greater percentage of its sales dollar for the very elemental objective of making obsolete the products from which these dollars are realized."

Dr. Paul Dudley White, Boston: "Americans are threatened with diseases that seem to come from prosperity manifesting itself in a soft way of life with overnutrition, high blood pressure and arteriosclerosis."

The AMA News is published every-other-Monday by the American Medical Association. The Association, however, does not necessarily endorse all of the material appearing in *The News*.

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Letters

... As Readers See It

MD Radio Operators

• The AMA News of August 24, picturing Dr. P. H. Leimbach (W8GVO) and his ham radio rig, prompts this letter. I believe there are hundreds of MD amateur radio operators in America who would appreciate an opportunity to be listed as such and to enable other hams to know who they are. . . .

The attempt by Dr. C. L. Samuelson to establish a ham radio station exhibit at AMA's Atlantic City meeting, while not entirely satisfactory as to the location of the exhibit, excited much favorable comment.

Would The AMA News be willing to compile the names, addresses, and call letters of MD amateur radio operators?

FAY K. ALEXANDER, MD
Germantown, Phila. 44, Pa.

(Editor's Note: If physician amateur radio operators will send their names, addresses and call letters on postal cards to The AMA News we will be happy to publish the list.)

Community Service

• In an age when the professional man is being severely criticized for his lack of interest and his failure to participate in civic activities, I am pleased to report that the exact opposite of this situation does exist.

The newly elected president of the Greater Parkersburg Chamber of Commerce is Richard W. Corbitt, MD. The chairman of our Air Transportation Committee is F. L. Blair, MD, who is serving his second term. The new chairman of our Public Relations Committee is Paul L. McCuskey, MD, who is also a member of the Wood County Board of Education.

I have noted a much greater willingness on the part of physicians to accept community responsibility in recent years, and I believe this is due in a large measure to the support being given by the American Medical Association.

MICHAEL CASSADY
Managing Director
Chamber of Commerce

Parkersburg, W. Va.

Cobalt Units

• The comments in Dr. Garland's letter on cobalt units merit sober rebuttal. To many in radiology who have long admired his contributions in x-ray diagnosis and his quick wit and ability at self expression this running fight with super voltage school of radiotherapy conducted by him in the last decade has grown to be a tiresome paradox.

True enough Cobalt 60 is not a panacea. However, those of us who have had opportunity to follow numbers of cancer patients for many years do appreciate the addition of one more good scalpel to the instrument table. In this respect cobalt serves more compactly and economically for the purposes previously accomplished by megavoltage x-ray units. Dr. Garland must realize that an amount of radium necessary to equal current Cobalt 60 teletherapy units would cost about \$20,000,000 per treatment installation and would be physically less desirable for reasons of less advantageous gamma wave length characteristics and the problems of radium self-filtration and large target size, which would be involved.

If Dr. Garland were to employ Cobalt 60 he too would find it possible, for example, to administer larger doses of radiation at greater depth with less skin reaction and discomfort than physically possible with 200 KV therapy however good the radiologist. In our experience more effective therapy of malignant lesions in the single category of the head and neck has justified the addition of Cobalt 60 with greater doses delivered to cancer and less damage to normal bone and other structures.

In our locale of Western Massachusetts, cobalt therapy is not subsidized and fees involved are the same as for deep x-ray therapy which in turn are the same as Massachusetts Blue Shield fees.

JOHN W. TURNER, MD

Springfield, Mass.

Socialized Disease

• I have often wondered if the term "socialized medicine" should be changed to some more correct term, such as "socialized disease."

It seems that the argument proposes that government assume responsibility to manage diseases, taking over the ownership of them. Socialism is collective, or governmental ownership. Naturally this places the individual, the carrier of diseases pretty much in the position of being "owned" by government. As all forms of management, care, treatment, prevention, research, bear down on the matter, the community of diseases, ill persons, at least are managed as a disease.

Although the term "socialized medicine" may imply a socialized state to some, it seems that most minds feel it means only the medical profession, whereas the facts point to the basic move as one to socialize disease, which means a very large percentage of people.

ERNEST F. RUSSELL, MD

Santa Barbara, Calif.

Hiring Age Limited by Most Companies

Most companies agree there is no difference between older and younger employees in absenteeism, turnover, productivity, and reliability, yet the majority of firms have maximum age limits for hiring new employees.

This is shown in surveys by the National Office Management Assn. in Minneapolis-St. Paul, New York City, Houston, and San Francisco.

For example, in Minneapolis only 15% of 109 companies said they have no maximum age limit. Most common maximum age is 50, but sometimes it drops as low as 30 for men and 25 for women.

New York Figures: In New York City, 42% of 148 companies are closed to men by the time they reach 50, and nearly 68% of the firms will not hire a man 55 years old. Women 35 years old

won't be hired by 9% of the companies, and a woman 45 years old is excluded by 30% of the firms.

Age 50 is the maximum for 25% of 56 companies in San Francisco, while another 11% will consider applicants under 55. But 16% of the respondents will not hire a man over 40, and 31% will not employ a woman over 50.

In Houston, 29% of 41 companies have closed job openings to men over 45 and another 19.5% prefer their new employees to be under 40. Women over 50 won't be hired by 27% of the companies.

A contrast between beliefs and hiring practices was evident in the New York survey. Companies were asked to list factors in judging job applicants in degree of importance, and age was considered least important by eight of every 10 respondents.

The New York chapter concluded that "the additional 10 to 15 years of working age before retirement of many unemployed older people is a source of talent being wasted."

Survey findings have been published in *Office Executive* magazine.

Health Insurance Abuse Under Study

An effort to combat abuse of health insurance is being made by the Tennessee State Medical Assn.

A nine-member Consultative Committee on Administration of Voluntary Prepaid Medical Care Plans has been formed and is now considering insurance company complaints against MDs. The committee is also working with the Tennessee Hospital Assn. to eliminate over-hospitalization.



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On the

Legislative Front

The Presidential veto is one of the most powerful checks in the American political system of checks and balances. The past session of Congress is a case in point.

Consider a "lame duck" president, barred by the Constitution from running again and therefore at an apparent disadvantage politically. Consider the elections last fall in which the Democrats rolled up sweeping margins in Congress, with most of the added strength representing northern lawmakers pledged to heavy spending anti-recession programs. And consider what has happened meantime.

Clean Record: The Democratic Congress suffered one rebuff after another from the Administration. The legislative record, contrary to all expectations, was generally moderate. The same lawmakers who ridiculed the balanced budget presented to Congress last January, in the main followed the budget requests. The veto, and perhaps more important the threat of a veto, was largely responsible.

President Eisenhower vetoed nine bills this year. Congress was able to override him on only one—the \$1.2 billion public works bill. This destroyed Eisenhower's perfect record on vetoes during his six years in office, but it took two tries for Congress to accomplish the upset on public works, having failed by one vote previously.

Among other measures, the Chief Executive vetoed two housing bills, two public works bills, and a wheat program. Threats of vetoes helped bottle up two measures that had been high on the priority list of Democrats—federal aid for school construction and for financially-depressed areas. These didn't even come up for floor votes.

GOP Unites: The Republicans on Capitol Hill displayed unusual unity in helping Eisenhower preserve his veto record. They were almost unanimous in every test of strength on a veto, which requires a two-thirds vote of both House and Senate to be overridden. On most of the tallies, a group of southern Democrats joined the Republicans in a revival of their traditional coalition.

Senate GOP leader Everett M. Dirksen (R., Ill.), whose leadership was challenged at the beginning of the session by a group of so-called "liberal" Republican senators, turned into a capable floor leader of a virtually solid bloc of Republicans. And House GOP leader Charles Halleck (R., Ind.), who took command from Rep. Joseph Martin (R., Mass.) after a bitter squabble, did a remarkable job of coalescing the minority ranks.

Morale High: Undoubtedly the end of the recession helped the Republicans, with the public largely unenthusiastic about new and larger spending programs. However, the President's unhesitating use of the veto weapon against formidable opposition was the big factor.

Though the Republicans' morale was high at the end of the session compared with the low ebb after the elections, tempers on both sides of the aisle were worn thin. Pressures were acute on individual lawmakers in the normal course of events, but on votes to sustain or override vetoes they were magnified.

A veto poses a direct test of party loyalty, much more so than a regular vote. Thus, conservative Democrats who had opposed, say, the Housing bill as it originally passed had to decide whether to throw in with their party on a direct prestige test. Republicans who had supported the Housing bill had the same difficult choice.

Veto Power: Eisenhower has used his veto power carefully during his tenure in office. His 145 vetoes, including so-called pocket vetoes, compared with former President Truman's 250 and Franklin D. Roosevelt's 631. When Congress is in session a president must either sign or veto a bill within 10 working days after he receives it or it will become law. After Congress adjourns, however, he may kill a bill through the "pocket veto" by merely taking no action.

Whether the Administration will be as successful next year in any battle of vetoes is problematical, but it is certain that Republicans are much more confident about the 1960 legislative prospects than they were nine months ago when the 86th Congress convened.



Radiation Task Shifted to HEW

President Eisenhower transferred prime responsibility for radiation health safety from the Atomic Energy Commission to the Department of Health, Education and Welfare.

The move followed a drive in Congress to accomplish this shift, and apparently forestalled the need for any legislation. The President's action took place Aug. 14 when he set up a special cabinet committee on radiation, but the transfer was not revealed until HEW Secretary Arthur S. Flemming disclosed it at a news conference later.

Flemming said the President directed that HEW "intensify its radio-logical health efforts and have primary responsibility within the executive branch for the collation, analysis, and interpretation of data on environmental radiation levels such as natural background, radiography, medical and industrial use of isotopes and x-rays, and fallout, so that the secretary of Health, Education and Welfare may advise the President and the general public."

Flemming said he was assigning the bulk of the work to the Public Health Service.

Research Bill Is Postponed

Further congressional action on the proposed international medical research program was postponed until next year.

Chairman Oren Harris (D., Ark.) of the House Commerce Committee said his group would not vote on the Senate-passed bill this term because of a committee decision to act only on emergency measures during the closing days of the session.

The measure calls for a \$50 million authorization to finance a new national institute of health to foster international medical research programs and cooperation.

Harris said testimony "had revealed a number of points at issue requiring further clarification and that a diligent effort would be made during the recess to clarify these points."

The Administration opposed some features of the bill, including the flat \$50 million annual authorization.

More Funds Sought For Civil Defense

President Eisenhower asked Congress to appropriate another \$9 million to finance civil defense preparations by the various federal agencies. Congress had approved only \$3 million.

More than \$4 million of the supplemental money request was for the Department of Health, Education and Welfare, with some of these funds earmarked for training of civilian physicians in civil defense activities.

Cholera Research

A team of six U. S. scientists is touring the Far East to aid in developing cholera research projects in nations of the Southeast Asia Treaty Organization. National Institutes of Health has been allocated \$400,000 to carry out the program.

Scientists Visit Soviet

Progress of metabolic disease research in the Soviet Union will be studied this month by a team of six American scientists. The mission is sponsored by Public Health Service's National Institute of Arthritis and Metabolic Diseases.

Live Polio Virus Vaccine May Be Licensed Soon

The possibility that live polio virus vaccine may be licensed for public use soon, perhaps within a year or two, was raised by U.S. Surgeon General Leroy E. Burney.

"If energetic efforts are continued to find answers to the remaining technical questions, concerning safety, effectiveness, and manufacturing procedures, one or more of the three vaccines now being proposed may be under production within one to two years," the Public Health Service chief announced.

Tested Abroad: One of the main advantages of the live vaccine is that it is taken orally, and one dose is sufficient. This is especially important in underdeveloped nations where it is difficult and expensive to arrange for three or four shots of the Salk killed virus vaccine for entire populations.

Though backers of the new vaccines have reported successful mass trials abroad, PHS has not yet licensed the

vaccine in this country. In the past, Dr. Burney had stressed the need for further experimentation, and had

Toll Goes Up

The number of polio cases climbed through every week of August, reaching a high of 319 paralytic cases during the week ended Aug. 29. As in previous weeks, the total was the highest for comparable weeks since 1955.

From Jan. 1 through Aug. 29 this year, there were 2,450 paralytic cases, more than twice the 1,054 last year. In 1955, there were 4,982 paralytic cases during the same period.

The latest cases were widely scattered.

given no indication of when, if ever, the vaccine would be licensed.

Dr. Burney based his latest statements on a report by the PHS Committee on Live Polio Virus Vaccine headed by Dr. Roderick Murray, chief of the PHS Division of Biologics Standards.

No Harm Reported: The committee noted that all three major sets of oral vaccine have received extensive trials abroad, and "no evidence has been reported to indicate that any of these vaccines produced any harm to the individuals to whom they were administered."

Commenting on the report, Dr. Burney emphasized that "in the Salk vaccine there already is at hand a potent weapon whose value and effectiveness have been proved [and] I continue to urge all persons under 40 to complete their series of Salk injections so that no one will remain unprotected at the time of the next polio season."

The federal committee's report said some important problems need to be resolved. "Field experience with any strain to date cannot be interpreted as affording reasonable proof that the community of non-vaccinated persons will be free of danger from possible reversion to virulence in excreted virus under a great variety of readily anticipated circumstances."

Three Vaccines: "None of these strains is completely non-virulent when inoculated into monkeys by the intraspinal route," was another comment.

The three sets of live strains were developed by Dr. Albert Sabin of the University of Cincinnati; Dr. Herald Cox, Lederle Laboratories; and Dr. Hilar Koprowski, Wistar Institutes, Philadelphia. "There is evidence which indicates that under some circumstances the simultaneous administration of all three types of virus may be effective," said the PHS committee.

Why Costs Are Up

Public Demands More, Better Medical Care

Medical care costs are up, but the public is demanding more and better medical care.

That was the consensus of a group of specialists who discussed medical care costs at the AMA's Public Relations Institute at Chicago.

Hospital Costs: Ray Brown, director of the University of Chicago Clinics, said hospital costs are up 200% from 1936 and have risen four times as fast as the cost of living index.

Payroll costs, he said, have jumped 244% because of wage increases and an increased number of workers. "If we are to compete with industry for workers, salaries must go up," he said.

Increased utilization of hospital facilities is the strongest influence in hospital care costs, Brown added. In 1946 one of every 10 persons entered a hospital, while in 1958 one of every eight went to a hospital when ill.

Drug Costs: Pharmaceutical companies must make a profit from drug sales if they are to continue pouring nearly \$200 million annually into research on new drugs.

That point was emphasized by Fred Roll, director of public relations for Smith Kline & French, in a discussion of prescription costs.

Roll said Department of Commerce figures for 1958 show the average per capita expenditure for medical care was \$94.06. The average per capita expenditure for prescriptions last year was \$18.70 and the average prescription price was \$3.

Roll added that the instant availability of drugs is a premium for which the patient must pay. He said the drug industry must be "a silent partner" in efforts to tell the public of the value of today's medical care, since it is a behind-the-scenes service arm of medical care.

Information Urged: Lawrence C. Wells, director of promotional services for Blue Shield Medical Care Plans, Chicago, said private initiative "can't lose time" in pushing the continued improvement of pre-paid health plans.

Wells urged an informative program to make the public aware of the limits under which Blue Shield plans can operate. He added that the public must accept the responsibility for limiting the excessive demands placed on contracts in force.

MD Charges: In communities where many group health insurance plans are in effect, there is "no question

that an increase in charges in all areas of service" is made by physicians.

That charge was made by Arthur M. Browning, vice president in charge of group insurance for New York Life Insurance Co. He said excessive charges are "the type of thing that sticks in the public's mind."

Browning said a 1957 survey showed that 14% of persons interviewed felt that the cost of health insurance was too high, while 20% felt that benefits were not as great as they might be.

"The public is not as concerned with cost as it is with what benefits it is getting from its health insurance dollar," he said.

Ability To Pay: James Brindle, di-

rector of the United Auto Workers' social security department, said he believes the physician practice of charging according to a patient's ability to pay will be outmoded "in the years to come."

"Doctor's can't do a good job of measuring one's ability to pay," he said. "It is not a business-like way to approach the problem of charges."

Brindle said that while many persons are now covered by health insurance, the types of coverage and the gaps in group coverage present a less spectacular picture. He added that he would like to see medical insurance more medically oriented.

Expenditures, Costs: Leonard Martin, PhD, assistant director of the AMA Economic Research Department,

said it is important that gross expenditures for medical care be distinguished from the cost of medical care.

He said it is conceivable that expenditures can rise while costs are declining. He said in 1923, when the cost to the buyer of a Model-T Ford was lowered, expenditures by the public for the car zoomed.

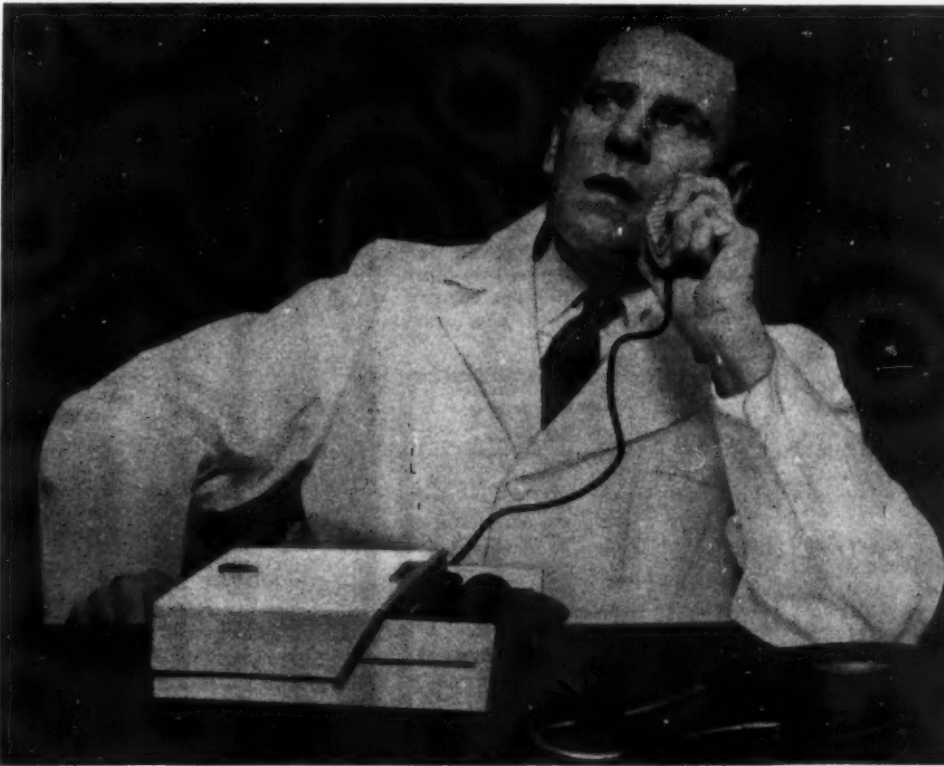
The office visit has been accepted as the unit of output in the realm of physicians' services, Martin said, but this unit underrates the change in value of the service which has occurred.

The change in value cannot be measured, he added, but there is little doubt that the improvement in quality of care largely offsets the price rise reported for office visits.

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Heart Attack Survival Studied

Chances of a person escaping a recurrent heart attack are boosted sharply if he survives the initial attack for a year, according to Gunnar Biorck, Swedish research scientist who based his findings on a 20-year study of 1,612 heart patients.

He said risk of a new infarct is three times greater during the first year than subsequently. In males under 60, the risk is concentrated during the first six months of the year, Professor Biorck said.

Although some of the patients studied had four or five attacks, two-thirds survived. Sixty-three per cent were living after five years, 40% after 10 years.

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THE AMA NEWS • SEPTEMBER 21, 1959 7



SECOND WORLD CONFERENCE on Medical Education in Chicago was attended by 800 delegates from 66 nations. Photo of opening session shows delegates listening to Dr. Louis H. Bauer (speaker's rostrum, extreme right), secretary general, World Medical Assn. Earphones were used for listening to translations in English, French, and Spanish.

Medical Education World Manual Suggested

A world-wide manual for medical educators may evolve from the Second World Congress on Medical Education in Chicago.

In summing up the achievements of the recent week-long meeting, Dr. Ward Dudley, executive director, Association of American Medical Colleges, noted that only education can fill the gaps in medicine that exist among various nations.

International Scope: Then he told the 800 delegates from 66 countries:

"I therefore hope that as soon as the time is appropriate, with the files and final reports of the First and Second Conferences at hand, a representative, responsible, and knowledgeable group can be brought together to . . . extract from these conferences everything that can be used in the interests of improving international medical education.

"It might be that this group could produce a manual that would be helpful to individuals and institutions seeking guidance in this area."

Conference Highlights: Dr. Dudley observed that frequent references were made to the importance of preserving the physician-patient relationship as a "bulwark against the systematization and impersonalization that seem to be creeping into so many aspects of medical care and education." He added:

"It is good to know that physicians all over the world are concerned about this matter."

Following are highlights of reports made by rapporteurs assigned to the four sections of the conference:

Basic Clinical Training for All Doctors, Dr. Hugh Luckey, New York, rapporteur:

- Clinical training of students should be centered around a series of graduated stages of student participation and responsibility.

- Family practice, with particular regard for preventive medicine, could teach various concepts of medicine, especially total patient care.

Advanced Training for General and Specialty Practice, Dr. Oliver Cope, Boston, rapporteur:

- High standards of postgraduate education must be obtained and maintained because simple technical training is not enough to meet the rapid advances in medical knowledge.

- Ultimately, many changes will have to be made in medical care to meet the present complicated demands on general practitioners.

Development of Teachers and Investigators, Dr. Thomas B. Turner, Baltimore, rapporteur:

- To be a great teacher one must also do research; the two are inseparable.

- One of the paramount questions

facing medicine is how to attract the gifted individual to teaching and research.

- Studies have shown that only one in 15 persons with superior intellects go on to MD or PhD degrees, and only one in 10 of these will be engaged in research towards bettering health.

Continuing Medical Education, Dr. Stanley S. B. Gilder, Toronto, Canada, rapporteur:

- Too much emphasis was placed on teaching technical know-how and too little on preparing the GP for his traditional role of guide, philosopher, and friend.

- Undergraduate student must be given an impulse to continue studies by his teachers or he will not see the need for adequate study after graduation.

- Medical students must be made to see the importance of humanities and social sciences.

- The medical school must bear some responsibility for graduates' future education and cooperate with the medical profession in arranging post-graduate courses.

Too Many Doctors

University students in Rome are being encouraged not to study medicine, because Italy has too many physicians, Reuters news service reports. One Italian in every 665 is an MD, one of the world's highest percentages. Rome is believed to have more doctors than any other comparable area in the world—one for every 300 citizens.

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Women's Workshop Plans Community Service Study

The 16th annual Workshop Conference of the Woman's Auxiliary to the AMA will be in Chicago Oct. 5-7. Two hundred fifty women from 51 state and territorial auxiliaries will attend.

Programs for 1959-60 will be developed during the conference, which has "Opportunities for Service to the Community" as its theme.

Conference highlights will include a discussion of the AMA's program for the aging; a discussion of safety hazards in the home; and a review of the national civil defense home preparedness award program.

The financial needs of the nation's medical schools will be discussed. The final day will be devoted to a clinic on auxiliary problems.

Conference speakers include Dr. Irving Sunshine, technical director of

the Cleveland Academy of Medicine Poison Control Center; Mrs. Norton H. Pearl, deputy assistant director for women's activities, Office of Civil and Defense Mobilization; Dr. John F. Sheehan, dean of Loyola University's Stritch School of Medicine; Dr. Ernest B. Howard, assistant executive vice president of the AMA; and George Cooley, secretary of the AMA Council on Medical Service.

Mrs. William Mackersie, Detroit, auxiliary president-elect, will preside at the conference. The auxiliary's president is Mrs. Frank Gastineau, Indianapolis.

PR for MDs

Along with falling leaves, cooler weather, and migrating birds comes another sure sign of fall—fund-raising drives.

Before complaining about giving, just consider the burden you would have to shoulder if some of these agencies were not functioning in your town.

In addition to dollars, physicians should offer their services as active campaigners in some of these community-wide programs, especially those in the health field.

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Scanning the News

Longer Life: Decline of mortality from communicable diseases has led to a shift in the ages when most deaths occur. Public Health Service reports. Deaths at ages under 45 dropped from 57% of all deaths in 1900 to 17% in 1958, but deaths among persons over 65 rose from 24% of all deaths in 1900 to 58% in 1958.

MD Checkups: Heart abnormalities were detected in approximately 23% of the 1019 physicians who took electrocardiograms at AMA's Atlantic City meeting. Dr. Charles E. McArthur, Olympia, Wash., said percentage was "considerably higher" than in previous years, when about 18% of those taking ECG tracings showed abnormalities. Of the 802 chest x-rays, 86% were negative. There were 60 TB suspects, 28 cardiovascular, 43 with other chest disease, and five rated "unsatisfactory."

Union Report: United Mine Workers of America Welfare and Retirement Fund reports it paid out \$57.7 million for hospital and medical benefits in year ended June 30. Total of 81,132 beneficiaries received 1.3 million days of hospitalization and a record number of more than 7,000 MDs provided service. Fund shrank from \$145.8 million in '58 to \$134.5 million in '59.

Pharmacy Relations: State and metropolitan pharmaceutical association secretaries are meeting in St. Louis to plan a new drive by pharmacy on the local level to promote better public relations with MDs. Drive is in response to plea for local action by joint American Pharmaceutical Assn.-National Assn. of Retail Druggists interprofessional liaison committee.

Tax Ruling: A U.S. Court of Appeals has held that taxpayers can deduct full amount of premiums paid on health-and-accident insurance policies even though policy provides payments for loss of life, limb or time, as well as medical expense. Internal Revenue Service, which has not announced whether it will follow ruling or appeal, has allowed deductions only for portions of premiums going for medical care.

Poison Prevention: The House Judiciary Committee approved legislation establishing a National Poison Prevention Week. AMA's Committee on Toxicology backed the bill.

Money Destroyed: When a Paterson, N.J., bank teller, Donald W. Sytsma, developed poliomyelitis, his bank acted to destroy \$46,000 he may have handled. Money was sent to New York Federal Reserve Bank.

Lung Cancer: Incidence of lung cancer in Japan is increasing every year but is still lower than in European and American countries. Death rate in Japan is seven per 100,000 compared with 55 in Britain, 20 in U.S., West Germany, and Denmark.

Russia Trains MDs for Foreign Aid

Russia is training physicians to go to underdeveloped countries and give aid.

The Soviet Union's realization of the importance of medicine in world politics was acknowledged by Dr. Zigmars I. Yanushkevichius, who represented Russia at the Second World Conference on Medical Education in Chicago.

Men in Medicine: At a news conference Dr. Yanushkevichius stated that more men were entering the medical profession in Russia and that enough physicians would be graduated to maintain the ratio of one physician for every 600 persons. Today, 70% of the physicians are women.

Asked if some physicians were being educated with the idea of sending them to underdeveloped nations, the Russian replied:

"Yes, this is being done."

Emphasis Changing: According to the Russian, there are two reasons why more men are studying medicine: (1) An increase in the number of high school graduates; (2) Less emphasis on engineering and other physical sciences.

Other disclosures by Dr. Yanushkevichius:

- 200,000 students are studying at 87 medical schools which are staffed by 19,600 professors.

- A Russian doctor just starting practice is paid the equivalent of \$187 a month, compared to a beginning engineer's \$250. Physicians can advance to around \$625 a month and medical school professors \$1,250.

- 82% of all medical students are supported by state grants.

- More than 27,000 physicians go through a course in postgraduate education annually.



DR. VINCENT ASKEY (right), president-elect of the American Medical Association, greets Dr. Zigmars Yanushkevichius of Russia at the Second World Congress on Education in Chicago.

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Upland Hunting Prospects Bright

By Erwin A. Bauer

A fearless forecaster of the 1959 hunting seasons would have no troubles as long as his forecasts were confined to upland shooting. While

Sports Afield

waterfowl will be drastically down from last year, the upland season hasn't looked brighter in at least a decade.

Except in certain pheasant covers of the East, there is a bumper crop of pheasants. Hunting for the birds should be excellent in the eastern halves of the Dakotas, the Pacific states, and Nebraska. Numbers of the birds also are up from Iowa eastward through Ohio.

Grouse and Quail: It comes as coincidence, but this will also be a great ruffed grouse year. These birds live by unaccountable cycles of abundance and scarcity, but this season seems to be the near peak of a cycle.

Good grouse areas this fall: Northern Minnesota, Wisconsin, and Michigan; upper New York, Pennsylvania, Maine, New Brunswick, and Ontario.

Bobwhite quail have had some lean years recently, but the picture is cheerful here, too. Ohio will have its first quail season in 40 years. Kansas, which had its best quail hunting in years in 1958, expects an even better season this fall. Nebraska also predicts an excellent shooting season. Hunting in normal quail country anywhere in the South will be at least fair, with best prospects in Georgia, South Carolina, and Texas.

Feeding Time: Quail and grouse are easier to find early and late in the day because a hunter can depend on finding them near food during those periods. Quail feed on lespedeza, ragweed, buckwheat, cow peas, and other small grains or legumes. A grouse hunter should watch for wild grape, greenbrier, bittersweet, dogwood berries, sumac, and other fall fruits.

Hunting clothing is light enough and durable enough today so that it's hard to buy an outfit that isn't suitable. Any hunter, though, should wear the lightest clothing compatible with temperature and cover. Quiet isn't important in upland shooting, so such "noisy" fabrics as duck, canvas, and twill are fine. Bird shooters now can buy extra-lightweight trousers with plastic facing to walk through thorns and heavy cover.

Selecting Boots: Most important item of equipment, next to the gun (See *The AMA News*, Sept. 7, 1959), is a pair of good hunting boots. Avoid rubber except on extremely wet days. For damp going, boot pacs (leather boots with rubber bottoms) are best. For dry going, wear soft leather, moccasin-type boots no higher than 10 or 12-inch. But no matter what the boot, it should be a perfect fit for walking over an uneven surface.

Here's a tip: Instead of close-fitting pants and belt, try loose fitting pants and suspenders with wide bands. It makes a world of difference.

One more tip: For a hunter with little time to spare or to travel, the commercial shooting preserves in 38 states offer natural, guaranteed shooting with such conveniences as dog guide, dressing the game, clubhouse, meals, and shells. For addresses and details write: Sportsman's Service Bureau, 250 E. 43rd St., New York 17, N.Y.

All the Tricks Aren't in the Cards

(EDITOR'S NOTE: This is the third article of a four-part series on bridge written especially for *The AMA News* by Dr. John W. Fisher, current National Master's Open Champion, American Contract Bridge League. Dr. Fisher, a Dallas, Tex., gastroenterologist, is the first physician to win this title.)

By Dr. John W. Fisher

Bridge fascinates me because it is a field-day in psychology.

In our bidding, declarer's play, and defense, we are at all times using a sixth sense to detect our opponents' reactions, and thereby get a tip-off as to what high cards and distribution the adversary actually holds.

In the recent National Knock-Out Team event in Chicago, being behind at the time, I bid a grand slam in diamonds, knowing that partner and I held between us eleven or twelve diamonds, but missing the king.

Stethoscopic Play: We had no losers in the side suits. I held in diamonds ace, 10, 8, 7, 6, 5, 2. As my partner, Mrs. David Hawes of Fort Worth, laid the dummy down, I had one eye on her diamond holding—alas, it was only QJ43—and one eye on my right-hand opponent, who suddenly tensed as he saw the dummy.

Why did he tense? Because his king-9 of diamonds which might have been a winner was now in a finessable position. On this basis, I led the queen of diamonds from dummy and when my "tense" opponent played the 9, I played the 2. My left hand opponent discarded a club. Such "stethoscopic" plays are not uncommon.

Advanced players often employ deceptive play or deceptive bids to create an illusion of holding certain cards which they do not hold. A simple example: Partner opens the bidding with one spade, and you hold: S—xx H—AJ10 D—KQ10xx C—Qxx. Realizing that the best final contract will probably be three no-trump, you respond two clubs (rather than two diamonds or two no-trump) to intimidate the club lead against the eventual three no-trump contract.

Another Example: You are vulnerable and the opponents are not. Your partner opens with one heart, and your right-hand opponent bids one spade. You hold: S—x H—Kxxxx D—AJxxx C—xx.

You realize that you may have no defense against a four-spade game of your opponents; or, if four spades can be defeated by only one trick, the opponents will surely take advantage of the favorable vulnerability and "save" at four spades over your makeable four hearts.

In order to circumvent this, you bid

Bridge Doctor

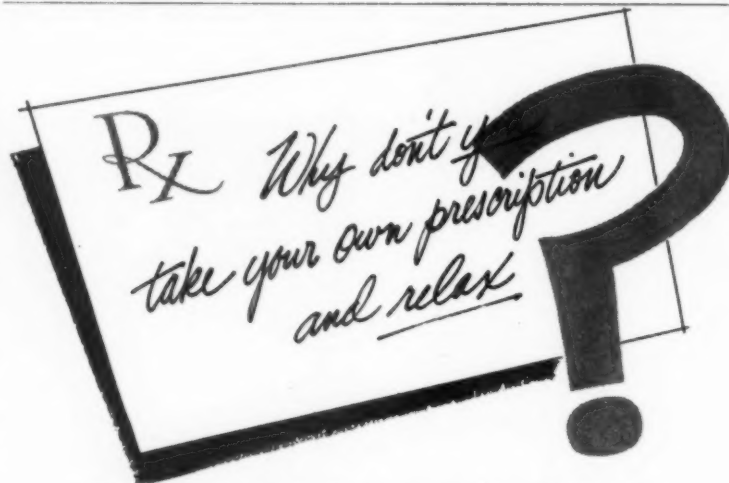
two no-trump (rather than any amount of hearts) over your right hand opponent's spade overcall.

This creates the illusion that you have values in spades. The two no-trump bid is forcing, and your partner in all innocence may raise to three no-trump. Thereupon you correct to four hearts, and the opponents, baffled by your strong bidding, may not compete with four spades.

No-Trump Lure: Another strategic maneuver which I "wait for" is this one. My right-hand opponent opens with one no-trump. I hold S—xxx H—xx D—Qx C—AKQJxx. I overcall two diamonds. The opponents will have diamond stoppers and may be lured, with the anticipation of my diamond lead, into contracting for three no-trump. Whereupon I present them with the six-card club deluge.

This, in short, is psychological warfare! And it is this facet of the game which "puzzles the wit" and makes us go back for more.

(Next issue: Common Faults.)



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\$2 Million Suit Fails in Court

A \$2 million suit by Mrs. Myrtle Clark, Oilton, Okla., who alleged that confidential medical information concerning her was given by her doctors to "third parties" without her consent or authority, has been dismissed.

The case was of special significance because it endangered the traditional role of medical society advisory committees in malpractice hearings (*The AMA News*, Aug. 24).

"Third parties" referred to were officials of the Tulsa County Medical Society, its advisory committee, and attorneys for the St. Paul Mercury Insurance Co., which underwrites the society's malpractice insurance plan.

Defendants Named: Named as defendants were the medical society and its executive secretary; six physicians of the society who allegedly attended the meeting at which the malpractice suit involving Mrs. Clark was discussed; the St. Paul Mercury Insurance Co.; the law firm of Rucker, Tabor and Cox; Hillcrest Medical Center and four physicians who treated Mrs. Clark.

Judge C. B. Coryell of Creek County Superior Court, Drumright, Okla., in dismissing the charges, said:

• Allegations against Ricker, Tabor and Cox could have been made against any lawyer defending his client in any suit. Further, the District Court of Tulsa has already ruled in favor of the firm in a prior decision, which Mrs. Clark failed to appeal.

• Liability of St. Paul Mercury Insurance Co., is based upon alleged act of its purported agents, Rucker, Tabor and Cox, and as there is no cause of action stated against the agents, there can be no cause of action against the St. Paul Mercury Insurance Co.

• Allegations against the rest of the defendants must be quashed because "there is no valid service upon any defendant in Creek County."

The jurist also dismissed a \$75,000 suit filed by Mrs. Clark's husband, Ben, who alleged that a conspiracy among the defendants had denied him the "conjugal fellowship" of this wife.

Film Trade Urged

Delegates to the Second World Congress on Medical Education were urged by Ralph Creer, AMA's director of medical motion pictures and TV, to form an international medical film society to deal with the problem of freely exchanging medical and surgical films throughout the world.

Surgeon Held Responsible For Acts of Nurse, Intern

A recent decision by the Supreme Court of Pennsylvania found the staff surgeon of a charitable hospital responsible for the negligence of an intern and nurse over whom he had no direct control.

The court upheld a judgment of \$75,000 for the patient-plaintiff. In the case (*Yorston v. Pennell*, 153 A.2d 255), the staff surgeon was charged with negligence in accordance with the maxim of *respondet superior*.

This maxim states that a master, in certain cases, is responsible for the acts of his servant. It is anchored on the principle that he who expects to derive advantage from an act which is done by another for him, must answer for any injury which a third party may sustain from it.

Surgeon Consulted: The malpractice case arose in this manner:

The plaintiff was working for a construction company when a ricocheting nail entered his right leg and fractured the fibula.

The patient was brought to the hospital where he was seen by a resident surgeon. The resident was not a licensed surgeon and could not perform surgery without first consulting and receiving the approval of a staff surgeon.

The resident had x-rays taken of the injury. He took the x-ray plates to the staff surgeon, who was not paid by the hospital but was entitled to charge fees from patients who could afford to pay them and from insurance companies in cases involving workmen's compensation.

Case History: While the resident and the staff surgeon were in discussion, a junior intern, at the request of the resident, made a physical examination of the patient and took a case history. The intern was employed by the hospital, which was originally named in the suit but dropped because it was protected under a state law granting immunity to charitable hospitals.

The patient was taken to the operating room after the staff surgeon and resident had agreed on the proper procedures and the staff surgeon had approved of the resident performing the operation.

No Notation: At this point, the intern remembered that although he had been informed the patient was allergic to penicillin, he had neglected to note this on the case history.

He went to the operating room, called the nurse anesthetist, and asked

her to make the notation on the history that the patient was allergic to penicillin.

Apparently, the notation was not made immediately and the resident dictated post-operative orders in which he prescribed 600,000 units of penicillin every four hours.

The patient received three injections of penicillin. A week after the operation, he developed an allergic skin reaction and was readmitted to the hospital. Shortly afterward, he suffered a cerebrovascular accident followed by severe physical and personality changes.

Surgeon Responsible: About two months after the operation, the staff surgeon submitted a bill for \$180 to the carrier of the plaintiff's employer's workmen's compensation insurance and was paid the sum.

The court held that the intern and nurse were under charge of the resident and that the negligent acts of the two, as well as that of the resident, were attributable to the staff surgeon.

Psychiatrists Increase

The number of psychiatrists in the U.S. has increased 21.2% in the last three years, the American Psychiatric Assn. and the National Assn. for mental Health report. There is now one psychiatrist to every 16,400 persons in the country. New York leads with one psychiatrist for every 6400 persons. Maryland, Connecticut, Massachusetts, and Kansas follow.

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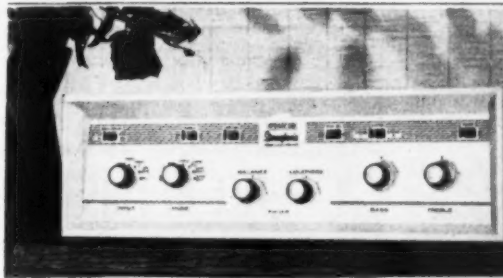


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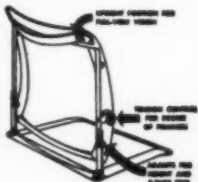
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How Health Bills Fared in Legislatures

The influence of physicians and state medical societies were especially noted in capitals in California, Iowa, and Ohio this year.

In Sacramento, Calif., the Legislature passed a cancer quackery bill which was strongly supported by the California Medical Assn.

At Columbus, Ohio, a bill which would have compelled hospitals to provide staff privileges for any licensed physician who was a veteran of World War II or the Korean conflict was successfully opposed by the Ohio State Medical Assn.

Coroners Out: The Iowa State Medical Society's number one legislative project for 1959—adoption of a medical examiner system—was a success. The law, to become effective Jan. 1, 1961, provides for appointment of licensed medical or osteopathic physicians to serve as medical examiners, replacing coroners. The law provides that if lists of two or more nominees are submitted by county medical or osteopathic societies, the appointment must be made from the MDs on the list.

These are but three examples of the support given constructive legislation by state medical societies, or of the opposition by MDs to proposals which they considered harmful.

Cancer Quackery: California's new law empowers the State Department of Public Health to investigate and test all drugs, medicines, or devices proposed to be used in the diagnosis or treatment of cancer, and to order users of those it finds worthless to cease. Bona fide scientific experimentation is exempt.

Unlicensed persons are forbidden to diagnose or treat cancer by the use of drugs, surgery, or radiation. Individuals who by innuendo imply to the public that they treat or cure cancer also are covered.

MD Competence: Ohio State Medical Assn. declared the bill before the Ohio State Senate would have made it impossible for a hospital to discharge its legal duty and responsibility of making sure that the physicians to whom it extends the use of its facilities are professionally competent, morally and ethically sound.

OSMA was joined by the Ohio Hospital Assn. in opposing the bill.

Other state legislatures passed laws:

Alabama—Giving chiropractors legal status. Laws create a State Board of Chiropractors consisting of five chiropractors; a Basic Science Board of five college professors to examine chiropractors, MDs on anatomy, physiology, chemistry, pathology, bacteriology; a Healing Arts Board—the attorney general, state superintendent of education, secretary of state—to police both professions. Latter board has power to issue, revoke licenses and will examine applicants as to training and moral character. Laws prohibit all advertising by chiropractors except for institutional ads. (Medical Association of the State of Alabama helped work out compromise in a legislative fight that went back to 1923.)

Connecticut—Providing \$50,000 to buy polio vaccine for needy children; requiring consumer representation on the boards of Connecticut Blue Cross, Connecticut Medical Service (Blue Shield); empowering local boards of education to enforce polio inoculation; granting osteopaths the right to use narcotics.

Florida—Extending state's hospital

service to the indigent to include outpatient clinic and visiting nurse services; requiring voluntary health associations to register with the secretary of state and file annual financial statements; prohibiting the licensing of any new naturopaths but permits those who have practiced at least two years in the state to continue.

Iowa—Creating a 10-member committee to study public assistance and report to next Legislature.

Maine—Reducing residence requirement for public assistance from five years to one; establishing and financing a new Bureau of Mental Health; authorizing state licensing of qualified non-citizen graduates of approved foreign medical schools; requiring all professional nurses to be licensed by a new State Board of Nursing.

Missouri—Providing a single standard of licensure for MDs and DOs with five doctors of medicine and two doctors of osteopathy on a State Board of Registration for the Healing Arts.

New Jersey—Including chiropractors as well as physicians within the provisions of the state's workmen's compensation law.

Ohio—Authorizing non-profit corporations to establish prepaid health care plans; providing that MDs and others who report cases of malignant disease to state health department and cancer registries are not in violation of laws on confidential relationship; making compulsory for school children immunization against polio, smallpox, diphtheria, whooping cough, and tetanus; requiring labeling of

hazardous household substances; including free choice of physician in workmen's compensation law's provisions.

Oklahoma—Transferring crippled children's program from an independent commission to the State Department of Public Welfare with funds from state sales tax.

Pennsylvania—Letting MDs on emergency duty be "on call" at hospi-

tals rather than having to sleep in and be in constant attendance.

Wisconsin—Allowing hospitals to bill patients for services performed by radiologist, pathologists, and other specialists, as long as the bill tells the physician's name and the service he performed; prohibiting use of fluoroscopic or x-ray machines in fitting shoes; providing a network of community mental health clinics.

Stating It Briefly

Tests for Policemen: Cedar Grove, N.J., Township this month began giving psychiatric tests to applicants for jobs as policemen. Tests are given by team headed by Dr. Henry Davidson.

Awards, Honors: Strittmatter Award for 1958 of the Philadelphia County, Pa., Medical Society was given Dr. Richard A. Kern. . . . Maine Medical Assn. honored Dr. Albert D. Foster, Falmouth Foreside, for 60 years practice; Drs. Delbert M. Stewart, South Paris, and George L. Pratt, Farmington, each for 55 years, and Drs. George I. Higgins, Newport, Willard H. Bunker, York Harbor, and James W. Sever, Cape Neddick, each for 50 years.

Medical School: Special committee of Maine Medical Assn. to study feasibility of a medical school in the state and MMA Council will invite deans of medical schools to meet with them this fall to discuss problems involved in starting school.

Stroke Rehabilitation: A pilot program to instruct stroke victims and their families on patients' conditions and recovery possibilities will be conducted at Holdrege, Neb., by Phelps County Medical Society and Nebraska Heart Assn.

Parade for MD: Dr. Stanley P. Jones barely got to honor seat for parade in Mattituck, N.Y., honoring his more than 30 years' practice in the Long Island town. He had to treat four victims of auto accidents first. Town's citizens set up medical scholarship fund of more than \$5,000 in his honor.

Polio Plaudits: Wyandotte County, Kan., Medical Society was commended by Joint Board of Health of Kansas City and Wyandotte County for help given by physicians in administering polio inoculations. . . . MDs on staff of St. Elizabeth Hospital, Lincoln, Neb., cited 20-year fight against polio by Morris Siegel, president of local chapter of National Foundation.

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Scientific Briefs

Poison: Research workers at New York Aquarium isolated a toxic agent from sea cucumbers and reported the poison arrested some forms of cancer—Sarcoma 180 and Krebs 2-ascites—in mice. They said the poison, Holothurin, has also been found to be a powerful nerve-blocking agent and a heart stimulant more powerful than digitalis.

Obstetrics: Women who habitually suffer spontaneous abortions between the third and sixth months of pregnancy because of injuries to the cervix during previous labors, may be helped by an operation being perfected at the University of Oregon Medical School. The procedure, described in *Fertility and Sterility* by Drs. Ralph C. Benson and Raphael E. Durfee, corrects the inability of the cervix to remain closed and firm throughout the pregnancy. The operation consists of encircling the cervix with a tape and suturing it into place. They report 70.7% success with the operation.

Cholesterol: The significance of lowered blood cholesterol levels in the prevention and treatment of heart disease is not definitely known, according to AMA's Council on Foods and Nutrition. The Council noted (*AMA Journal*, Aug. 29) that methods of manipulating blood levels of cholesterol have become of utmost interest and, because their importance is unknown, confusion has resulted. Dr. Lawrence W. Kinsell, Oakland, Calif., one of five experts quoted in the report, stressed that cholesterol is a normal essential part of the human body. He added that the objective must be to achieve normal cholesterol metabolism with consequently normal blood levels in the hope that this will prevent abnormal deposits of cholesterol in the blood vessels.

Gastro-intestinal: A new research device which enables scientists to study the absorption of oral drugs within the gastro-intestinal tract of animals without surgery or any direct electrical or mechanical attachments, has been developed by Smith Kline and French Laboratories. The device uses the principle of induction heating to open capsules and release drugs at predetermined areas of the g.i. tract. Present studies are directed toward proving or disproving that the absorption rate and the time of attaining peak blood concentrations are influenced by the position of the drug when it is released.

Heart: Stanford Medical Center researchers are attempting to develop a portable heart machine which will be able to treat, and possibly save the life of, an acute heart attack victim. The group, headed by Dr. John Connolly, has produced a portable "bypass kit" consisting of tubing and a pump. It relieves the heart of a part of its load, drawing blood from veins en route to the heart and pumping it into arteries.

Smog: A catalyst which is highly effective in eliminating the two main smog-contributing gases from auto fumes—nitric acid and hydrocarbons—has been found by Srinivasa Sourirajan, Ph.D., research engineer at UCLA. He says copper oxide is the most effective catalyst in decomposing nitric oxide and oxidizing the hydrocarbons at varying temperatures. His next project is to design an apparatus which can put the copper oxide to work in the car's combustion chamber.



FAST X-RAY MOVIE film processing now is possible at Detroit's Henry Ford Hospital where a new device is being used. Electronic controls send regulated solutions into a tank containing the film, which is developed by fluid. The operator, medical technician Gail Errington in the photo above, sets a dial and presses a button. The machine, invented by a Detroit man, has the film ready for examination within an hour. The hospital uses an Arriflex 35 mm. movie camera for high speed angiocardiology film processed in the new machine.

'Human Machine' To Be Featured

The marvelous human body will be described in a series of articles in *Today's Health*, published by the American Medical Association.

The series of articles is written so that children will understand and will run in eight issues—through the 1959-60 school year. Each article will be printed so that it may easily be cut out and kept in a scrapbook.

A professional medical illustrator has illustrated the series which is entitled, *The Wonderful Human Machine*. The first chapter, on the skeleton, will appear in the October issue of *Today's Health*.

Succeeding chapters will discuss the muscles, nerves, heart, lungs, skin, digestive system, and sense organs.

Tax Deduction Details Available

Detailed information on how to take income tax deductions for bad debts are contained in Internal Revenue Service's Treasury Decision 6403.

While the IRS does not distribute copies of such decisions, physicians desiring the information may write Superintendent of Documents, Government Printing Office, Washington 25, D.C. The information is in the July 30 issue of the Federal Register.

Health Insurance Gains Go in Record

An article on gains in the health insurance field was included in the August 27 Congressional Record at the request of Rep. Richard M. Simpson (R., Pa.).



The story appeared in the *Wall Street Journal* and was placed in the Record under the heading "Medical Care, the American Way." Simpson said he is encouraged that "we have made such remarkable progress in meeting our medical and health needs by individual and collective initiative without reliance on government paternalism."

Questions & Answers

Selling a Practice

Q—The family of a recently deceased physician has asked me to help them in the disposal of his practice and equipment. Due to illness he had not practiced regularly during the last five years. His practice was limited to EENT. I would like to ask your opinion regarding certain matters.

1—How do people commonly arrive at the value of a practice if sold as a whole?

2—If another physician, already in the community, should buy the records only, how does one arrive at a fair value for them?

3—If another physician should buy the records would it be ethical to pay to the family a certain percentage of the income derived from such new patients over a stated period of time? If so, what is a customary percentage and time? For income tax purposes would this be a capital or ordinary expenditure?

4—Would it be ethical for another physician to announce by way of an advertisement in the local newspaper that he had secured the records or practice as a whole of the deceased physician? This applies to either a new man coming to the community or one already here.

C.T.M., MD
Kansas

A—Time lapse from date of death, appraised value of physical assets, attractive assignable lease with at least two years remaining life, office location, professional stature of the deceased, and dollar volume of the practice are basic considerations. A willing buyer would pay for furniture and equipment at appraised value. For the purchase of a going practice exclusive of accounts receivable, a buyer might pay up to 15% of last year's gross.

There are some legal implications connected with the sale of records without the patients' consent. It is commonly held that they are the personal property of the patient and upon request the estate or the buyer must surrender them.

In rare cases a percentage of the income received by the purchaser from the old patients is paid for a limited time to the estate, probably 15 to 25% for one year. In the instant case, the buyer is obtaining nothing more than an old mailing list—hence an ordinary expenditure.

It is never ethical to advertise. Announcements may, however, be mailed to former patients of the deceased advising of the name of the successor to his practice.



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Q—In regard to the new postal ruling for all cylindrical shaped parcels including those containing blood and urine (*The AMA News*, Aug. 10, 1959), is the postage rate higher if the cylinder encloses the little examination form giving proper information as to patient's name, age etc.?

A.E.G., MD
West Virginia

A—The Post Office Department considers the patient's name and age and other information pertinent to the blood or urine as descriptive of the contents and the third class postage rate applies. If however, you enclose a short case history of the patient, the parcel then would be subject to a first class postage rate.



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Planning Office in Home? Here Are Pros and Cons

There are many pros and cons for maintaining a medical office in the physician's residence.

In most cases, the ultimate decision for a home office rests with the doctor's personal make-up, his economic situation, or his good wife.

A medical office in one's own residence saves traveling time, eliminates rent, and minimizes utility and cleaning bills.

Lack of Privacy: At the same time, some physicians who have tried a home office practice report the price is too high in terms of lack of privacy.

According to one doctor, his wife was on the verge of a nervous breakdown after an army of youngsters and pregnant women had tramped in and out of their home for a few months.

Another MD reported that when he set up a home office, patients began to ignore office hours and dropped in to see him whenever they felt like it.

Tax Saving: From a tax standpoint, the physician who has a home office may realize substantial savings. He may deduct as a business expense, a reasonable share of home maintenance costs which are attributable to his practice.

This may be done on a room basis or a square foot basis. For example, if two rooms of a seven room residence are used for the medical office, 2/7th of the maintenance costs of the home may be deducted as a business expense.

For the young doctor starting in private practice, for the wife willing to double as housewife and office nurse, the home office certainly is a good way to obtain a foothold in the community.

A young physician may find it advantageous to start out with a home

office and then open a second office downtown as his practice increases.

Two Offices: There are many advantages in maintaining more than one office, and even established physicians might consider the feasibility of doing so.

For one thing, a physician maintaining more than one office is entitled to deduct transportation expenses between the offices. This ordinarily means automobile overhead.

He also is entitled to deduct for income tax purposes an allocable share of home maintenance costs if he maintains a bona fide home office. The fact that he may see more patients at his downtown office is immaterial, just as long as he regularly treats patients at his home office.

Bona Fide Office: The physician who deducts for a second office in his home should be prepared to show an Internal Revenue agent proof that it is a bona fide medical office. This can best be shown by:

- Having some room in the house furnished and equipped for the examination and treatment of patients.

- Maintaining the records of those patients whom he has treated in the home office.

- Installing a separate business phone for the home medical office.

- Hanging a doctor's shingle outside the house, indicating that he is available for seeing patients.

Patients' Convenience: For the individual practitioner, an otherwise long work day may be broken up by handling the bulk of the practice at the downtown office and then regularly seeing patients for a few hours in the evening at home.

More importantly, a home office can be a convenience to many patients who might find it a hardship to visit a downtown office.

This is especially true of elderly patients who prefer to come into the physician's home under informal circumstances, rather than making the long trek to the upper floor of some downtown office building.



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MDs Fight Decision Classifying Offices

New York MDs are going to fight a court decision holding that if their offices are on the ground floor they are legally "stores." *The New York Times* said it is not a question of vanity with the doctors, but of cash. If their offices become "stores" they lose the protection of rent controls. The situation arose through a Municipal Court decision.

Robert Potter, executive secretary of the New York County Medical Society, said, "The medical societies of the city hope to go to the Legislature in January to get them to spell this out. We feel that the legislators never intended to equate a doctor's office to a shop where someone sells newspapers or hats or dresses."

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Rural Doctors On the Move

A survey shows that 46% of the general practitioners in rural areas of Virginia do not remain in their original locations after seven to 10 years of practice.

The study, conducted by Dr. Everett L. Coffey, Buchanan, Va., included two groups of physicians. One group of 138 was placed in rural practice through the Virginia Council of Health and Medical Care. The second group of 89 included MDs in Roanoke and adjacent counties.

After seven years, 46% of the first group were no longer practicing at their original locations. Percentage for the second group after a 10 year period also was 46.

The 41 physicians who gave reasons for moving listed the following:

Lack of hospital facilities or general dissatisfaction with opportunity to use training (13), wife or family dissatisfied with community (13), insufficient income (11), desire to specialize (11), overwork (9), not enough work (7), health (4), personal problems (4), drafted into Armed Forces (4), miscellaneous reasons (13).

Field Secretary Named

Jack E. Ryon recently joined the staff of the American Medical Educational Foundation as field secretary. He has been alumni director of Lake Forest College since 1953.

Diagnosing Investments

Investors Ask, 'Where Do We Go From Here?'

By Merryle S. Rukeyser



Nobody ever got rich by drooling over the historic price advance of stocks which he didn't own.

Likewise, there is no profit in regretting that you were not aboard the stock market gravy train during the prolonged boom in market prices.

The practical challenge is: Where do we go from here?

Two Views: Older persons, living on dividends and interest, are interested in optimum immediate return consistent with safety of principal. This objective makes bonds attractive at present, since they are yielding the best return in more than a generation.

But younger persons, on their way up, are concerned with investment vehicles which will enable them to participate in the future growth of the national economy.

In the 21-month rise in stock prices, popular issues reflected the willingness of buyers to pay a premium for shares which appeared to have a bright future. In the technical parlance of Wall Street, the new yardstick was the price-to-future earnings ratio. This meant that the buyer was willing to give the seller much of the advantage of future growth.

Key to Action: With 4000 companies engaged in 50 major industries among the listed stocks on major stock exchanges, how does the prospective investor pick those with better than average growth potential?

One well-known investment counsellor, in addressing himself to this baffling question, offers a key to prudent action. "As a starting point," he points out, "the investor should recognize that stocks, like human beings, have differing characteristics. The 'personality' of a given company stems from the nature of the industry in which it principally operates. Consider three companies each in a different kind of business:

"Company A is engaged in a regulated-rate-of-return industry supplying an essential and highly frequent repeat service, such as the telephone business. The regulated rates are a handicap in periods of

rising costs. Moreover the low rate of return forces the company to finance the expansion of its facilities externally by selling additional shares of stock periodically, thus diluting the growth of earning per share. Hence, its principal characteristic is stability of earnings and dividends plus modest growth.

"Company B manufactures a capital-goods type of product like railroad cars or locomotives. The purchase of such products entails a large outlay of capital and is infrequent and postponable. The company's sales, earnings and dividends fluctuate violently from the top to the bottom of a cycle. (Monthly shipments of new freight cars averaged 8,364 in 1947 and 3,690 in 1958.) The chief investment characteristic of such a company is its cyclical or unstable nature.

"Company C (in the growth category) is engaged in a technological field, such as chemistry, where there is a continuous flow of new products which are either more economical or far superior to older types or serve entirely new purposes. Because new items create high profit margins and rapid sales growth, this company can finance research and plant expansion out of its own earnings without diluting the equity. Its major characteristics, therefore, is above-average growth of earning power and dividend-paying ability."

Labor-Cost Ratio: In addition to research-mindedness and stress on technological progress, a growth company should have a low ratio of labor costs to total sales.

Historically, companies such as Abbott Laboratories, Celanese, Corning Glass, Dow Chemical, Eastman Kodak, Gulf Oil, Minnesota Mining and Manufacturing, Standard Oil (New Jersey), and Union Carbide have been among those with a strong propensity for growth.

(Mr. Rukeyser will be pleased to receive inquiries from physicians concerning their financial problems. Letters, with self-addressed, stamped envelopes, should be sent in care of The AMA News, 535 N. Dearborn, Chicago 10, Ill.)

IRS to Watch Travel Expenses

The Internal Revenue Service warned recently that it will give a closer look to tax deductions claimed as business travel expenses, and for this reason physicians should understand just what kind of travel expenses may be deducted.

On business trips, such as attending a meeting of the medical association or going to another city to take a special course related to the physician's practice, all ordinary and necessary expenses (railroad tickets, meals, lodging, tips, etc.) are deductible.

Reasonable Amount: To qualify as being ordinary and necessary, the expenses must be reasonable in amount and the type that other physicians might incur if they were involved in similar travel.

Formerly, business expenses incurred on what primarily were pleasure trips, were not deductible. But the adoption of U.S. Treasury Regulation 1.162-2 now makes it possible to deduct expenses incurred solely for business purposes at the taxpayer's destination.

For example, a Pennsylvania physician takes a vacation to San Francisco. During the course of his two-week stay there, he decides to go to a medical meeting in Los Angeles which has a program on his specialty.

Business and Pleasure: Under this ruling, the physician may go to Los Angeles to attend the meeting and deduct as business expense the cost of attending the meeting (registration fee, transportation, lodging, meals, tips, etc.).

At the same time IRS states that no portion of the traveling expense to a destination may be deducted on a trip made primarily for pleasure.

If an individual attends a professional meeting, it would be wise for him to retain correspondence relating to the trip, as well as follow-up correspondence exchanged upon returning from the meeting.

Records Important: Items for which no receipts are obtainable—tips, cab fares, etc.—should be recorded in a daily diary.

All cancelled checks and receipts should be saved. A check issued to cash or a traveler's check offers little evidence of business expense. If it is necessary to use such checks, a notation of the payee and the nature of the expense should be made of them.



AMA News

"Are you approved by Good Housekeeping?"

19 of 20 Would Use Keogh Bill

Nineteen of every 20 professional persons responding to a survey by The Bank of New York would set up a retirement savings plan if permitted to use tax-deferred dollars under a Keogh bill-type law.

Survey findings were based on 6200 responses from lawyers, physicians, dentists and accountants. Results were published in the June issue of *Trusts and Estates* magazine.

Respondents indicated that on the average they would expect to put \$2500 a year into the savings plan, but the bank pointed out that in many cases, amounts indicated "appeared to be wishful thinking."

It added that at the time of the survey, the questionnaire indicated a \$5000 ceiling on the amount which could be put aside yearly. The ceiling under the proposed Keogh Bill is \$2500 annually.

The survey showed that professional persons in employment and those who are self-employed are in the same relative position at age 35—with two out of 10 having made some provision for retirement.

But at age 45, five out of 10 of those who are employees are members of a qualified retirement plan, while among the self-employed, seven out of 10 still have no planned retirement program.

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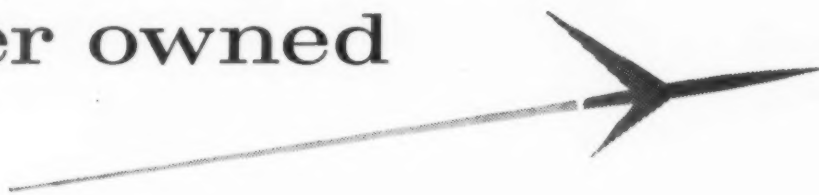
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